Graduate Colloquium Proposal Form

Speaker information

Name: __________________________________________________________

Address: ______________________________________________________

City: __________________________ State: ___________ Zip code: _________

Sponsoring Department

Department:_______________________________________________________

Sponsoring applicant:______________________________________________
(Graduate student or graduate faculty working with their graduate student)

Phone: __________________________ E-mail: __________________________

Lecture date: Click here to enter a date. Time: _________________

Location: _______________________________________________________

Title: __________________________________________________________

Seminar date: Click here to enter a date. Time: _________________

Location: _______________________________________________________

Title: __________________________________________________________
Justification of lecture topic: (importance of event as related to graduate-level students, significance of the particular topic(s): Provide more than 2-3 sentences.

Justification of seminar topic: (importance of event as related to graduate-level students, significance of the particular topic(s): Provide more than 2-3 sentences)
Role of graduate students in speaker selection. Proposals omitting this information will not be funded (should involve a systematic, relatively formal department-wide process. Students constitute majority in the final voting/selection process, also be involved in initial generation of topics and potential speakers. Please provide more then 2-3 sentences of the process ex: How were the names collected? How were speakers selected or the voting process?)

Qualification of the speaker
Summary C.V. or scholarly-directory information must be attached (you may copy/paste C.V. here or add C.V. at of the proposal form)

(NO MORE THAN TWO PAGES)
Budget

If total payment to speaker is $400 or less, do not itemize. Over $400 MUST provide an estimated itemized budget. *(Double click the table, and then click in the area to place your numbers).*

Travel (as appropriate)

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Amount</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airfare average 2 week advanced</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>purchase coach fare</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Transportation for departing airport</td>
<td></td>
<td>$ 115.00</td>
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<tr>
<td>limo</td>
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<tr>
<td>Transportation for arrival airport</td>
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<tr>
<td>Personal auto use</td>
<td></td>
<td>$0.560</td>
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<tr>
<td>Rental car (rent, gas/tolls)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hotel HSC</td>
<td>$ 89</td>
<td></td>
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<tr>
<td>Meal per diem</td>
<td>$ 28</td>
<td></td>
<td></td>
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<tr>
<td>Speaker fee</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
<td></td>
<td></td>
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</tbody>
</table>

Multiple sponsoring units must indicate proportion to be allocated to each unit.

Academic Unit: ______________________________ Amount: $________________

Expenditures are to cover: __________________________________________________

Academic Unit: ______________________________ Amount: $________________

Expenditures are to cover: __________________________________________________

Academic Unit: ______________________________ Amount: $________________

Expenditures are to cover: __________________________________________________

TOTAL BUDGET REQUEST TO COLLOQUIUM COMMITTEE: $________________

Sponsoring applicant’s signature: ______________________________

Approval of chair or program or center director: ______________________________
If Colloquium funds are being requested by more than one academic unit, heads for ALL units must sign the proposal as authorization for the distribution of the funds.

Academic unit: ________________________ Signature: ______________________________

Academic unit: ________________________ Signature: ______________________________

Academic unit: ________________________ Signature: ______________________________

Do you wish to have us prepare 25 free posters? ____ YES   ____ NO

***Remember to
    Attach a C.V.
    Have signatures of Department Chair/Director/Center Director

Completed and signed proposals are to be sent electronically by the due date to

Debbie Williams
Graduate Colloquium Office
Adams Hall 210
Northern Illinois University
Office- 815-753-0425
Fax- 815-753-6366
dwilliams16@niu.edu or
gs colloq@wpo.cso.niu.edu

After completion of event, please send a confirmation e-mail to the Colloquium office.